

Emergency Medical Information

(To be kept in your daypack - only accessed by leader in an emergency)

Name: Phone:.....

Address:

Date of Birth: Blood Group

Medicare No.: Ambulance Ins No.:.....

Private Health Fund:..... Pension Card:.....

Emergency Contact Persons or Next of Kin:

1. Name..... Relationship:.....

Phone/Mobile:.....

2. Name..... Relationship:.....

Phone/Mobile:.....

Medical Conditions, Allergies, Medication carried or taken

| Condition | Y/N | Details / Medications |
|------------------|-----|-----------------------|
| Allergies | | Please specify: |
| Epipen | | Please specify: |
| Heart Conditions | | |
| Diabetes | | Type 1 / Type 2 |
| Asthma | | |
| Epilepsy | | |
| Other? | | |